



Gerd W. Clabaugh, MPA
Director

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Better Choices/Better Health Workshop Authorization Request

To be completed by requesting organization before the workshop

Workshop Information:

County:		Town:	
Location:		Time:	
Start Date:		End Date:	
Check here if this is a Peer Leader Training <input type="checkbox"/>			
Check here if this is a Tomando Control de su Salud Workshop <input type="checkbox"/>			

Contact Information:

Project lead name:	
Email:	
Phone number:	
Sponsoring organization:	
Subcontract organization (if applicable):	
Notes:	
I am familiar with Stanford Fidelity Manual:	
Co-facilitator 1: Date trained: Date of last workshop conducted: June 201	Peer Leader: Master Trainer:
Co-facilitator 2: Date trained: Date of last workshop conducted:	Peer Leader : Master Trainer:

To be completed by Iowa Department of Public Health

Date received:	Date entered:
Date returned to Requesting Org.:	Authorization number:
Workshop held:	Workshop cancelled :
Number of participants:	Reason why cancelled: